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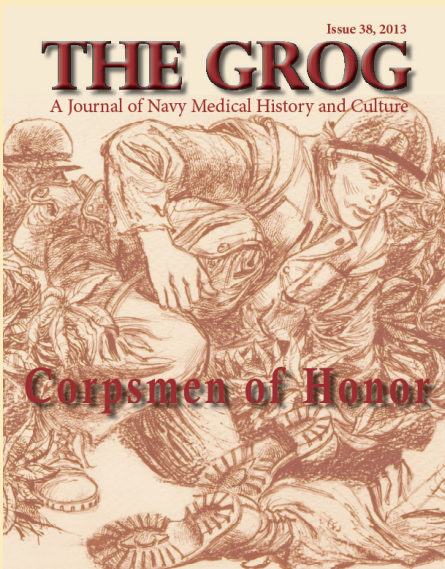
Corpsmen of Honor

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This is the Doc's First Patient Today
Felt tip ink pen on paper

By Col. Charles Waterhouse, USMC

Courtesy of Navy Art Museum

OFFICE OF MEDICAL HISTORY
COMMUNICATIONS DIRECTORATE
BUREAU OF MEDICINE & SURGERY
7700 ARLINGTON BLVD
FALLS CHURCH, VA 22042

Editor and Historian:
André B. Sobocinski

Archivist:
Mike Rhode

Oral History Editor:
COL Dick Ginn, MSC, USA (Ret.)

INTRODUCTION

In this final issue of 2013, we play the numbers game, remember the Cuban Missile Crisis, examine the history of Navy automobile ambulances, and look at the career of a U.S. Navy Surgeon-turned Tunisian *Chargés d'Affaires*.

Since 1901, 22 Navy Hospital Corpsmen have been bestowed with the Medal of Honor, the highest military combat award in the United States. This select group of individuals have served as namesakes of hospitals and ships, inspired artwork, and one has even been immortalized as a G.I. Joe action figure. In "Corpsmen of Honor," we take a statistical look back at these heroes and offer our readers a jackpot of Corpsman-themed historical trivia.

In "Remembering the Cuban Missile Crisis: Nurses of Naval Hospital Guantanamo Bay Remember," author Stacey Byington presents the story of one of America's most trying times through the eyes of Navy nurses stationed at Naval Hospital Guantanamo Bay, Cuba on October 22, 1962. These historical first-hand accounts have never been published until now.

We follow this story with the first installment of our history of Navy automobile ambulances. Navy Medicine's entry into the automotive age was anything but a hasty plunge. Nine years after the first automobile ambulance appeared in the United States, Naval Hospital Washington, D.C., purchased the first motorized emergency vehicle in the Navy at a cost of \$2,895. Until the second decade of the twentieth century, the automobile ambulance remained a novelty and the horse-drawn ambulance was the emergency vehicle of choice for most Navy hospitals.

As always, we hope you enjoy this journey on the high seas of Navy Medicine's past!



page 4...Corpsmen of Honor



page 8...The Cuban Missile Crisis



page 16...Navy Ambulances

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A JOURNAL OF NAVY MEDICAL HISTORY AND CULTURE

FEATURES

Corpsmen of Honor.....page 4

*Remembering the Cuban Missile Crisis:
Nurses of Naval Hospital Guantanamo Bay Remember*
by Stacey Byington.....page 8

*A History of Navy Ambulances:
Part I: The Advent of the Automobile Ambulance*page 16

*Dr. Samuel Davies Heap—
A Footnote to American Diplomatic History*
by Dr. Leonard Dauber.....page 22

SHOWCASE

Specifications of Navy Motor Ambulance, 1908.....page 21

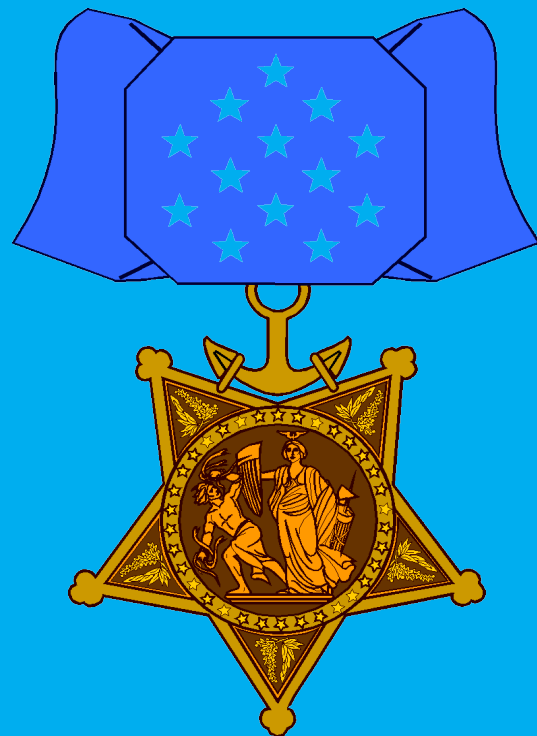
*Navy Medicine and the Kamikaze
Attacks of Lingayen Gulf, January 1945*.....page 28

Book Review: Surgeon in Blue.....page 34

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Corpsmen of HONOR

A look back at the lives of the Navy's 22 Hospital Corpsmen who attained the Nation's highest military award for valor



The 115-year history of the Navy Hospital Corps is fraught with stories of incredible courage, valor, and sacrifice. It is little wonder why the Hospital Corps has been among the most highly decorated ratings in the Navy, achieving, among many other awards, 22 Medals of Honor.¹ Today these “Corpsmen of Honor” are an important part of the legacy of Navy Medicine and symbolic of the selfless service upon which the Hospital Corps is built.

DEMOGRAPHICS

Medal of Honor Corpsmen range in age from 19 to 26 (at the time of action) with the median being just 20.5 years.² Hospital Apprentice

First Class Fred Faulkner was only 19 years and not quite two months old when he ran through a barrage of hostile fire on Okinawa (June 1945) to pull a wounded Marine to safety and ultimately sacrificing his life to save another. William Zuiderveld was a 26-year old hospital apprentice first class who “served heroically” during the seizure of Vera Cruz (April 1914). He was one of 56 servicemen awarded the Medal of Honor for the capture of Vera Cruz; today, this still represents the largest number of Medals of Honor ever given for a single action.³

No one U.S. state has a monopoly over Medal of Honor Corpsmen; these 22 Sailors were born in 15

different states with Illinois, Massachusetts, Michigan, Missouri, New York Tennessee, and Virginia each claiming two apiece. The Corpsmen of Honor range in rank from E-2 (Hospital Apprentices Robert Stanley and Fred McGuire) to E-7 (Hospital Steward William Shacklette). Two Corpsmen of Honor would later enter the officer ranks in the Navy and Army (John Balch and Donald Ballard, respectively).

SERVICE

Twenty-one of the Medal of Honor Hospital Corpsmen were recognized for actions in armed conflicts.⁴ Only one Corpsman received the Medal of Honor for an incident in peacetime (William

1. There have been a total of 28 Medals of Honor given to Navy Medical Department personnel (22 Hospital Corps, four physicians, and two dentists)

2. Statistics in this article were tabulated from Medal of Honor biographical files in the BUMED Archives

3. Vera Cruz Medals of Honor. Website: <http://www.history.army.mil/html/moh/mohmex.html>

4. Boxer Rebellion (1), Philippine Insurrection (1), Vera Cruz (1), World War I (2), World War II (7), Korean War (5), and Vietnam War (4).

Shacklette, boiler explosion aboard USS *Bennington* in July 1905).

Hospital Apprentice Robert Stanley holds the distinction of being the first Hospital Corpsman to receive the Medal of Honor. Ironically, unlike the other Corpsmen of Honor, Stanley was recognized not for rendering medical aide, but for duties as a courier. In July 1900, Stanley volunteered to carry messages between the American and British Legation in Peking (Beijing) China under hostile fire during the Boxer uprising.

Nearly half (46 percent) of Medals of Honor awarded to Navy enlisted personnel in World War II were bestowed on Corpsmen who served with Marine units at Iwo Jima (4) and Okinawa (3). Ninety percent (20) of the Corpsmen of Honor were embedded with the Marine Corps at the time of action. Of these, nine served with the First Marine Division, three with the Third Marines, three with the Fifth Marines, and two with the famous 6th Marine Regiment of World War I (Balch and Hayden).

SACRIFICE

Since 1941, over half of the Medals of Honor awarded to all servicemembers have been posthumous.⁵ Among the Corpsmen of Honor, nearly half (45 percent) achieved their recognition posthumously. The peak number of living Medal of Honor Corpsmen was reached in 1955 when eight were

still alive (Balch, Bush, Charette, Hayden, McGuire, Pierce, Wahlen, Zuiderveld). As of November 2013, there are only two living Corpsmen of Honor (Donald Ballard and Robert Ingram).

Portraits of the Medal of Honor Hospital Corpsman are regularly seen on “walls of honor” at medical commands and facilities throughout Navy Medicine. The recipient of the awards have also been the subjects of paintings and namesakes of Navy ships, military facilities, retirement homes, secondary schools, and even scholarships. Nine Navy and Marine Corps facilities have been named after Corpsmen of Honor; Medal of Honor Robert Bush serves as the namesake of two of these facilities (Naval Hospital Twentynine Palms, Calif., and Bush Health Care Clinic, Okinawa, Japan).

Among this unique group, Francis Pierce holds the distinction of being the only Corpsman to be immortalized by Hasbro in their G.I. Joe: American Hero Action Figure Series. The 12-inch Pierce figure comes complete with an M1 Carbine rifle, “Unit 1” bag, and stretcher.

CONCLUSION

When Robert Ingram was awarded the Medal of Honor by President Bill Clinton on 10 July 1998, he became the 22nd and, to date, the last corpsman to achieve the honor. Knowing that medical Sailors are



Pharmacist's Mate First Class John Henry Balch, a Medal of Honor recipient and namesake of the "Balch Clinic" in Quantico, Va.

Courtesy of Naval History and Heritage Command

continually adding to the proud legacy of the Hospital Corps through selfless and courageous acts, we can almost guarantee others will follow Ingram on the walls of honor.

5. Schogol, Jeff and Leo Shane III. Marine posthumously awarded Medal of Honor. *Stars and Stripes*. Website: <http://www.stripes.com/news/marine-posthumously-awarded-medal-of-honor-1.59068>

Twenty-two for the Ages

21

Average age of the 22 MOH Corpsmen at the time of action

At 19 years 40 days, Hospital Apprentice First Class Fred Faulkner Lester holds the distinction of being the youngest Hospital Corpsman recognized with the Medal of Honor. During action against enemy Japanese forces on Okinawa on June 8, 1945, Lester unhesitatingly crawled toward a Marine casualty under a concentrated barrage from hostile machine guns, rifles, and grenades. Despite being torn by enemy rifle bullets he stoically disregarded his own pain to pull the wounded man toward a covered position. Even though he was struck by enemy fire a second time before he reached cover, Lester exerted a tremendous effort and succeeded in the treatment of two other wounded Marines before succumbing shortly thereafter.



When it started...

1900



Robert Henry Stanley has the distinction of being the first hospital corpsmen, and Navy medical man, ever to receive the Medal of Honor. He was born on May 2, 1881 in Brooklyn, N.Y. At the time of action he was serving as a Hospital Apprentice, USN. His citation reads, "In action with the relief expedition of the Allied forces in China during the battles of the 13, 20-22 June 1900. Throughout this period and in the presence of the enemy, Stanley distinguished himself by meritorious conduct." The Medal of Honor was awarded to Stanley on the USS *Brooklyn* in 1901.

Take a walk on the Green-side

90%

MOH Corpssmen were Fleet Marine Force.

Vixerat ...He has lived

10

Awarded post-humously

MOH Corpssmen buried at Arlington
National Cemetery

5

2

Number of living MOH Corpssmen today

Real American Hero and a G.I. Joe to boot!

During the Iwo Jima campaign, Pharmacist's Mate First Class Francis Pierce volunteered for the most dangerous of missions: rendering aid to the wounded under constant barrage of fire, directing casualty evacuations, and covering stretcher bearers with his M1 carbine. At one instance, while rendering aid to a Marine bleeding profusely, an enemy combatant 20 yards away fired at his patient, Pierce emptied his carbine into the enemy, lifted his patient on his back, and ran across 200 feet of open terrain, depositing his patient, and then traversing the terrain again to pick up another wounded Marine. Pierce was later seriously wounded while leading a combat patrol to a sniper nest. As a typical hospital corpsman, he remained completely devoted to his patients while refusing aid for himself. In 2005, Hasbro released a Francis Pierce action doll as part of their "G.I. Joe: Real American Hero" series.



Naval Hospital Guantanamo Bay and the Cuban Missile Crisis



President John F. Kennedy signs the Interdiction of the Delivery of
Offensive Weapons to Cuba. Oval Office, White House, Washington,
D.C., October 23, 1962.

Courtesy of Kennedy Library

Navy Nurses Remember the Cuban Missile Crisis

by Stacey Byington, Public Affairs Officer, Naval Hospital Guantanamo

On Monday evening, October 22, 1962, President John F. Kennedy made his famous speech announcing the blockade of Cuba to halt the Russian build-up of offensive nuclear weapons which were aimed at the United States and other nations of the Western Hemisphere. Accounts of the time say President Kennedy originally wanted to give his speech on Sunday, but was persuaded to delay it by 24 hours so State Department officials could brief allied and Congressional leaders of the time.

Another reason for the delay was so that dependents of military personnel stationed at the Naval Base at Guantanamo Bay could be evacuated to safety in the eventuality that the U.S. Navy base on the Caribbean island was invaded by Russian and Cuban soldiers in retaliation of the President's announcement of the blockade.

The order was given at 10 a.m., "to pack one suitcase for each person to be evacuated, bring evacuation and immunization cards, and have an emergency payment authorization. Tie pets in the yard, leave house keys on the dining room table, and stand by in front of your house, ready to board the bus."

The staff of U.S. Naval Hospital Guantanamo Bay was directly involved in that evacuation. According to the hospital's daily personnel report for October 22, 1962, the hospital was staffed with 10 Medical Corps officers, five Medical Service Corps officers, one Medical Service warrant officer, eight Nurse Corps officers, 91 enlisted personnel, and 38 civilians.

In 1962, the hospital supported a base population of approximately 14,500 people (4,261 military, 3,217 civilians, 2,762 dependents, 3,900 personnel from afloat units transiting through the base, and 365 military mission personnel and their dependents who don't fall into the other categories). On Oct. 22, 1962, the hospital had 47 patients.

What most people don't know is that the hospital and the other base tenant commands had little or no notice to prepare for and then execute the evacuation. At the same time, military personnel with families also had to worry about getting their dependents out.

According to the command history, the Hospital's Commanding Officer (Capt. Miles C. Krepela, MC, USN) was advised that "reinforcements were being flown from the United States to improve military posture of the Naval Base." Dependent evacuation teams were activated. All patients were either discharged for duty or prepared for evacuation to Naval Hospital, Portsmouth, Va.

The personal report indicates that three newborns, two girls and a boy were discharged, 25 patients were returned to home or duty, and 22 were evacuated by air to NH Portsmouth.

The nurses wrote individual accounts of that day, and their recollections are provided here in their own words. Explanatory editorial notes are provided in parentheses. All letters presented are part of the historical collection at Naval Hospital Guantanamo Bay, Cuba.

Cmdr. Dorothy Eaton, NC, USN

Chief of Nursing (Assigned to Naval Hospital Guantanamo Bay, Cuba, in October 1962)

Sunday, Oct. 21:

I worked in the hospital in the morning. At 1400, at the Officer's Club Pool, I met Cmdr. William Norris, USN, Commanding Officer of the USNS *Upshur*, and Captain [Ralph] Mortensen, Master of the *Upshur*. They expressed an interest in seeing the Northeast Gate here on base. The drive to the gate was startling. Marines were digging foxholes everywhere, and many new bunkers were noticed. We returned by way of Kittery Beach. Here we met Rear Adm. E.J. O'Donnell (Commander of Naval Base Guantanamo Bay), and we all enjoyed a swim. Only two Cuban Militiamen were noted at the fence by the beach. Captain Mortensen invited us for dinner aboard the *Upshur* at 1800. (The *Upshur* had been due to depart for Panama the past Friday, Oct. 19, but had been delayed by boiler trouble). At 1800, Rear Adm. O'Donnell and Brigadier General [W.R.] Collins, USMC, Commander Ground Forces, arrived aboard the ship. As dinner started Rear Adm. O'Donnell was called away, then [Brig] Gen. Collins also left for a few minutes. After rushing through a delicious dinner, both departed at 1900. Four of us went to the Officers Club for the 2000 movie. All seemed preoccupied. I returned to my quarters at 2200. Before retiring for the evening I did much thinking about the Cuban situation and our preparation.

Monday, Oct 22:

Another beautiful day at GTMO! After giving the night report on the patient census of 48 plus three babies to the Commanding Officer, I checked on the Nurses. Of the 10 nurses attached to the hospital, one, Lt. Cmdr. Reed was on leave in CONUS; Lt. Cmdr. [Carol] Weaver was on the Dependents Ward; Lt. Cmdr. [Alice] Slendak was working in the Outpatient Department Clinic; Lt. j.g. [Tanya] Zatzariny was on wards "M" and "S"; Lt. Cmdr. [Elaine] Higgins was in the OR-CSR area; Lt. j.g. [Carol] Bujnowski was on PM duty, 1500-2300; Lt. [Josephine] Porrello was on night duty, 2300-0730; Lt. Cmdr. [Madeline] Stegmaier was on PM duty; and Lt. Cmdr. [Jane] Hennessey was excused.

I made Ward rounds, visiting wards SOQ, OR-CSR, M (Medical) and S (Surgical). At 0930 I arrived on the Dependents Ward and Nursery. Lt. Cmdr. Weaver informed me that she had been called to attend a very important meeting immediately. (Earlier someone had asked me which nurse had been designated to be the Dependents Evacuation Team Nurse.) I thought nothing of the question. No doubt they were still evaluating our last ground defense exercise which had begun the past Saturday. I took the keys for Ward D (Dependents) and relieved her. All patients were doing well. Mrs. Murphy was in labor.

The word was soon passed to evacuate all hospital patients. Lt. Cmdr. [Alice] Slendak left the Outpatient Department as soon as she had sent all the Clinic patients home, and relieved me. Lt. Cmdr. Hennessey returned to the hospital when she heard of the evacuation. I helped on Ward M (Medical) to prepare their stretcher patients. All was well organized and calm. Paper bags were labeled and contained each stretcher patient's shaving gear, etc., from their bedside lockers. The bagroom would care for their seabags. Patients remained on stretchers on Ward M until the Emergency Room notified them of available transportation. A total of 22 patients were transferred by Aero-Medical Evacuation to CONUS. Everyone was calm and composed. Lt. Cmdr. Stegmaier was called to accompany the patients. All patients were transferred to the air field, only to be returned to the hospital. The reason for this change of plan was not explained. All patients were evacuated entirely from the hospital to the air field by 1330. The remainder of the afternoon was spent in preparing the wards for any emergency.

Lt. Cmdr. Carol Weaver, NC, USN
Dependents' Ward, Naval Hospital Guantanamo Bay, Cuba

Monday Oct. 22:

At approximately 0915, a messenger from the MAA (Master-at-Arms) force asked me to report to Cmdr. J.M. McGinley, MC, USN, (the hospital's Executive Officer) immediately. I soon left the hospital with Dr. McGinley and Hospital Corpsman Third Class McElroy in an ambulance to report to an office near the piers. The Cubans were going about their usual duties. We were taken into an inner office where men were gathered with grave expressions on their faces. Calm, cool and collected Cmdr. Jones called the meeting to order and informed us that evacuation of dependents was to begin at 1100 when school children would be picked up at the usual time and taken home. Instructions were to be passed from house to house at this time. A second team was to check later so that none would be left behind.

The ships to be used were the USNS *Upshur* (which had a Navy Nurse and two Corpsmen aboard), the USS *Duxbury Bay* and the USS *Hyades*. At the pier, Dr. McGinley and I were joined by Dr. [Charles] Kipp and Miss Trombley, the Red Cross Field Director. Dr. [Samuel] Tucker and Dr. Scrimenti (from our hospital staff) were assigned to the two Navy ships (who did not have doctors assigned as ship's company).

From the hospital we receive baby bottle[s], disposable diapers and two Armstrong incubators, all of which made the eyes of the Sailors really open up wide. Shortly after 1100, the buses began rolling in and off-loading. The *Duxbury Bay* was the first to be filled. One of our newest mothers with her four-day-old baby and four other children were taken straight to the Admiral's quarters. Luckily I found one of our civilian nurses and a former Corpsman to help get her settled and help with any other medical problems. The men took right over assisting mothers with small children, directed them to Sick Bay for sea sick preventive pills and hot coffee near the Sick Bay. As they boarded, one half of the evacuation card was placed in a box and the other half turned over to the OOD (Officer of the Day). The information on the card was the name of the ship and list of family members.

Next we loaded the USS *Hyades*. Here, too, the men were most helpful, however, the dependents didn't move on board as fast because they had to wait while luggage was carried aboard between busloads. Another of our new mothers and baby were taken right to the Navigator's cabin, and given use of the Captain's Galley.

I believe we should be very proud of our American women and the way in which they responded. There were some tears but very little panic or hysteria. I, too, had a lump in my throat as I greeted former patients and friends. I had to blink my eyes a little as one little one screamed, "Look Mom, there's Charlie Weaver."¹ (my alias).

When we returned to the hospital by late afternoon, it had the quietness of a tomb. All the patients had been sent back to duty or evacuated by air, except for the lady I had left in labor in the morning. By afternoon, she had a baby girl. They were soon joined by a dependent wife, a cardiac patient unable to travel.

The greatest activity in the stillness (outside the office area) seemed to be the painters busily getting us spruced up, just as this was the most normal day we had ever had in GTMO. A discussion was held amongst the nurses as to the proper way to paint – up and down, or left to right.

Then came the great preparation for what might come. My job was to set up the Outpatient Department lobby to receive the most critically injured who would be flown in by helicopter for initial treatment and shock, etc., before being taken to the surgery area. Also, I was to set up the adjoining Dependents Outpatient's Clinic into four minor surgery rooms plus a plaster room.

This is a time when teamwork really counts. I hope we have learned a great deal from the experience.

1. "Charley Weaver" was the name of a popular comedic television character played by Cliff Arquette (1905-1974)

Lt. Cmdr. Elaine Higgins, NC, USN
OR-CSR Nurse, Naval Hospital Guantanamo Bay, Cuba

Monday, Oct. 22:

The day started out as the routine schedule for a weekday morning. This consisted of a local case, on an outpatient, and a hemorrhoidectomy on one of the Corpsmen from the hospital. The outpatient, a dependent, was scheduled first, due to the fact that we had much difficulty trying to pin down the surgeons. Meetings behind closed doors had been in process, and this was much commented upon. The dependent was given a cup of coffee and told to wait.

Since the day before there had been many rumors spread, of unusual activity on base, and much time had been spent the night before drawing up a list for supplies for the much under-stocked underground hospital, if it had to be activated. The underground hospital had once been a hurricane shelter and was to be activated with equipment from the hospital here in the event of an attack on the base, and if the hospital was put out of commission. The plans for this underground installation were just in their skeleton stages, and any rumors were running rampant around the base stimulated the people in the operation room and central supply, making up a list quickly to supply that area if needed. Around 09:30 a.m., the Chief of Surgery called, and told us to notify the dependent to go home and pack, for she was being evacuated. When she heard this, tears came to her eyes and she said, "I have been here a long time, and knew this day would come, but now that it's here, I am not prepared for it.

I tried to explain to her what she should pack in the suitcase for her and her children, and in doing so, even I felt a crack in my voice. Two Corpsmen started on the list of equipment for the underground hospital while two others hurried home to get their wives safely on their way. The Chief of Surgery came in the door with a list of equipment to be gathered for the outgoing ships. This was quietly assembled. Never had the central supply room looked such a complete mess.

At this point, they told us they needed help on Ward "S" (Surgical) to help get patients ready for evacuation. All the remaining Corpsmen and I gathered up our OR litters and proceeded to Ward "S". The patients were already assembling what little belongings they had. Most of them were ambulatory, but five were singled out to go as litter patients. The ambulatory patients helped the litter patients get ready for their journey. There was no confusion. Everyone did as they were told, for time was of the essence. If the patients had too much gear, it was placed in a pillow case, so it could be slung over their shoulders.

Charts were signed off by the ward doctor, and the Corpsmen placed the charts in manila envelopes. Pay records were issued to the few who had been in the hospital somewhat longer. Then the men were told to sit on their beds and await the order to move. This whole preparation took approximately 25 minutes, and ran very smoothly. Corpsmen and patients took orders readily and the cooperation was excellent. There was a look of apprehension on their faces, for things were happening with much rapidity. In fact, things were occurring so fast, it didn't give you an opportunity to stop and think about it.

The order was to move, and the ward was cleared in an orderly fashion. The only patient that did not leave was the Corpsman for the operation this morning. He had been pre-medicated before the evacuation started, and was sound asleep during the collection of gear and clearing-out of patients. Imagine his surprise when he woke up and found out that he wasn't operated on, and the ward was emptied of patients. The two Cuban patients did not quite know what was going on at the time. It was relatively hard to explain the situation to them because of the language barrier. They were told to return when the crisis was over.

The afternoon was spent in CSR making inventory of our supplies, and trying to make up for the deficit. Much equipment was handed out, and much had to be ordered. The supply room door was kept open, which was most

unusual and equipment was given out without a chit. An enormous order of supplies then had to be compiled to handle mass casualties.

By the end of the work day, the cupboards were bulging with extra supplies. It was then that an exhausted OR crew sat down to catch a breath and comment on the preceding hours. The driving force that prevailed over that period, was that no one knew exactly what was to occur, and no one knew of any time element involved. It was just evacuate, supply areas, resupply and wait for what was to occur, in what we imagined would be the next few hours.

Lt. Cmdr. Madeline Stegmaier, NC, USN

Naval Hospital Guantanamo Bay, Cuba

Monday, Oct. 22:

I received a phone call from the Chief Nurse at 10:00 a.m. directing me to don a uniform, pack a bag for over-night, and report to the hospital as I was to accompany the patients which were to be air-evacuated to the United States. This was my first information that our base was to be evacuated of dependents (air and ship) and patients unable to be returned to duty. Twenty minutes later I was in the hospital with my bag. All were busy, but I was able to ask a few questions and found that neither medicines nor supplies had been secured for the flight. Hurriedly I collected a few medicines (codeine, aspirin, bronamine, etc.), and for supplies (bedpans, urinals, Kleenex, toilet paper, paper bags, paper cups, can opener, etc.).

By this time, most of the patients were tagged, had overnight bags, and hospital records with them awaiting transportation. Patients (13 litter and 10 ambulatory, including one female) were loaded in buses, ambulances, with one Corpsman and myself, and transported to McCalla Air Field.

Arriving at the field, all seemed quiet except for more planes around than usual. All were unloaded along with our supplies and were immediately given chits to fill out for boarding the plane. We were shortly informed that take-off time had been delayed, which meant a return trip to the hospital for lunch. The men at the airport assisted with the loading of the litter patients after bus transportation arrived, and the Corpsman returned with these. A truck took ambulatory patients and the perishable food (sandwiches and milk), thus leaving a few patients that had to be returned by ambulance. While waiting with these, activity began, a few dependents began to arrive to be air-evacuated. One captain with about six or more pieces of luggage asked me to check and make sure it got on the plane with his and some of the other officer wives. I was also able to see our pilot (a Marine) and requested the smoothest place for a man with a fractured back, and our N.P. patient under sedation, be put so we could watch him closer than the others.

I am sure none of us were clock-watchers this day, but it seemed as if we were ready to leave the hospital soon after arriving for our return trip. During the short time at the hospital one of the ambulatory patients was scratched from the list. I do not know if he requested this, or whether it was done by his command. Upon arriving at the airfield, the second time, you could see the difference. Apparently some planes with dependents had already left, and the place was still swarming with people.

The litter patients (13) were immediately placed aboard, then the ambulatory patients (now nine) followed by a few chronically ill dependents (cardiacs, diabetics, an 80-year-old arthritis in a wheel chair, etc.). Next came a few pregnant women in their last trimester mostly with other children, the higher ranking officers wives, and the remaining seats filled with others that were waiting. The plane took off about 3:00 p.m. with more than 80 people aboard, and before it was safe for seat belts to be unfastened, one of the wives was requesting water as she didn't feel too good.

Three hours later we landed at McCoy Air Force Base near Orlando (FL) for refueling. During this time the Corpsmen helped the patients fill out custom declarations, and an officer's wife took care of the chits for the dependents. It was a really noisy ride, and one had to nearly scream to be heard by the person in the next seat, but all patients were as comfortable as could be under the circumstances. A diabetic wife who had taken insulin and not eaten required some orange juice, water and coffee were passed out frequently, and as usual, the make-shift commode and urinal on the plane were in demand. The 80-year-old woman required the bed pan frequently.

Two supplies (Kotex and diapers) were requested during the first part of the trip, which I didn't have. The dispensary at McCoy furnished the Kotex, and donated old towels for diapers, which were much appreciated. I looked for our sandwiches and milk, but couldn't find them. Patients as well as children were hungry by this time. I was able to get some ice and purchase sandwiches and milk. After all the patients had been fed, we gave the remaining milk and sandwiches to other dependents who had not obtained any for themselves. Some of the officer wives had purchased milk and given it to the children and some adults.

A few people who were remaining in the south deplaned and were taken by bus to Orlando for further transportation. The extra seating space was readily taken up by tired children and a few adults who tried to stretch out and obtain a few minutes of rest and sleep. I am sure all were glad to leave McCoy and arrive at Norfolk two hours later (about 2200). As other planes had been in earlier, we were expected and met by a nurse, doctor, Chaplain, etc. Transportation was standing by and after the luggage was unloaded, the dependents left by the front door, and the patients by the rear. Litter patients were immediately placed in the air evac bus, as well as ambulatory patients for transfer to Portsmouth Naval Hospital. Dependents were put on a bus and taken to Little Creek (Amphibious Base) where facilities had been prepared for them.

All patients were most cooperative and withstood the trip well. The dependents were a most appreciative group and didn't complain when we had to step over knees, legs, and feet to get through the narrow aisles. I am sure returning on any other occasion would have been a more joyous one for all. Many thanks to all on the plane for their cooperation and also to the plane crew for their assistance.

Author's Notes:

These are a few of the stories of the nurses directly involved in the evacuation of patients and other dependents from the U.S. Naval Base at Guantanamo Bay, Cuba, on Oct. 22, 1962.

According to records of the Naval History and Heritage Command, reinforcement of Guantanamo Bay began before noon on Oct. 22, with the arrival of the Phibron, eight ships *Monrovia*, *Rockbridge*, *Desoto County* and *Liddle* for off-loading of a Marine battalion landing team. *Capricornus* arrived about noon and *Lindenwald* in the evening to complete the landing of 1,600 officers and men. Aircraft were also delivering personnel and equipment of a reinforced rifle battalion from the west coast, and a battalion landing team from Camp Lejeune, N.C. Marines in Guantanamo now numbered 5,200 officers and men, and the base's military Navy and Marine population totaled about 8,000.

The evacuation of dependents and other non-combatants from Guantanamo was virtually completed by the time the President went on the air. The operation began at 11:00 a.m. local time when the base commander dispatched special officer messengers to the housing areas to alert dependents for the evacuation. The deadline for removal of the noncombatants was 7:00 p.m. The housing areas were cleared of dependents by 3:30 p.m. The last evacuation ship cleared her moorings at 4:30 p.m.

In the surface contingent, 1,703 were loaded aboard *Upshur*; 351 in *Duxbury Bay*; 286 in *Hyades*; and 92 in *Desoto County*. Hospital patients, dependents on the Leeward side of the base, and certain other non-combatants

were evacuated by air commencing about 2:00 p.m. Air evacuees totaled 378, and were flown out in five GV and one R4Q aircraft. The first plane took off about 2:00 p.m. and the last about 7:00 p.m.

The hospital command history for the year confirms these numbers saying, "In all, 2,771 dependents were evacuated from the Naval Base; 334 were air-lifted by Marine C-130 transport planes; 1,703 aboard the USNS *Upshur*; 351 aboard the USS *Duxbury Bay* (AFP 38); 291 aboard USS *Hyades* (AF 28); and 92 aboard USS *Desoto Bay* (LST 1171). Staff medical officers from the Naval Hospital accompanied the evacuees in two of the ships. Lt. D.N. Tucker, MC, USNR, went aboard the USS *Hyades*, and Lt. R.J. Scrimenti, MC, USNR, went aboard the USS *Duxbury Bay*, in as much as these ships do not normally have medical officers aboard.

The history further notes that with the arriving reinforcements, two surgical teams were ordered to the base by the Bureau of Medicine and Surgery. Surgical Team #4 arrived on Oct. 22 from Naval Hospital Bethesda, Md., at about 1840 with 7,000 pounds of palletized supplies and equipment, and 50 units of whole blood. About an hour later, Surgical Team #1 from Naval Hospital, St. Albans, N.Y., arrived with 5,545 pounds of supplies and equipment, and 45 units of whole blood. Both teams were billeted at the hospital, and their equipment set up in the underground hospital. It wasn't until mid and late November, that the Commander in Chief, U.S. Atlantic Fleet directed that the temporary surgical teams be returned to their base units after the crisis had passed.

Dependents did not return to Guantanamo Bay until mid-December 1962, and almost all had returned by Christmas.



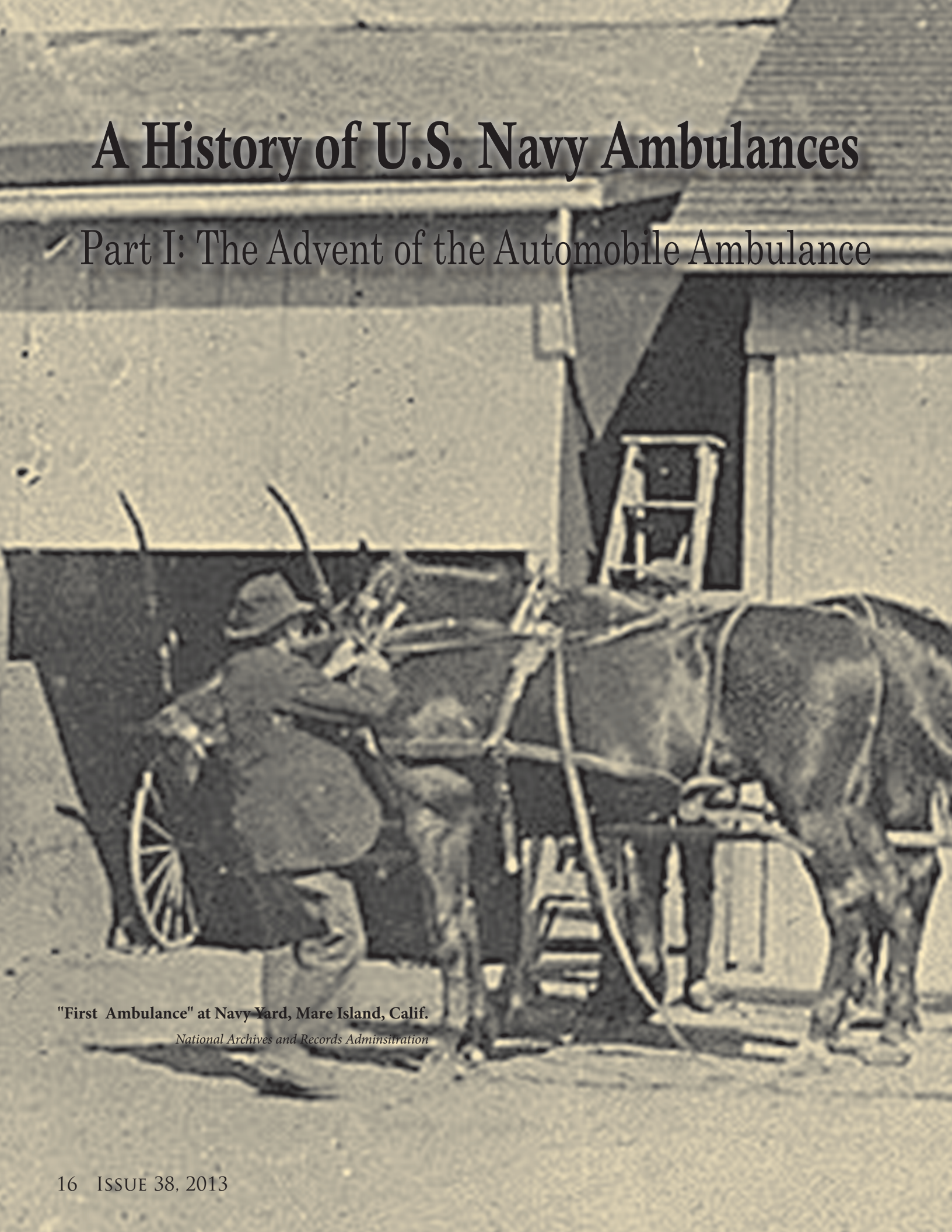
U.S. Naval Hospital Guantanamo Bay, Cuba, ca. 1960s

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A History of U.S. Navy Ambulances

✓ Part I: The Advent of the Automobile Ambulance



"First Ambulance" at Navy Yard, Mare Island, Calif.

National Archives and Records Administration



In those days when the automobile was not a common sight, a fine team of horses was probably the cause for more comment and admiration than the sight of the latest model automobile these days. It was no unusual sight to see the Surgeon General drive his horse and buggy to the hospital entrance most any time of the day.

~Albert B. Montgomery¹

Navy Medicine's entry into the automotive age was anything but a hasty plunge. Nine years after the first automobile ambulance² appeared in the United States, Naval Hospital Washington, D.C.,³ purchased the first motorized emergency vehicle in the Navy at a cost of \$2,895.⁴ At first glance this Studebaker electric ambulance was every bit a horseless carriage; it was rectangular with a chauffeur box open to the elements and affixed with candlepower electric lights flanking each side of the carriage. Hickory spokes radiated from its "standard coach" axles. It was powered by a massive 120-volt Westinghouse battery enabling journeys of 40 miles per electrical charge at a maximum speed of 12 miles an hour on hard surfaces.⁵ With the invention of sirens still decades away⁶ the vehicle was equipped with a foot-operated

"regulation ambulance gong" as clarification to warn pedestrians and vehicles alike.⁷

Years later Albert Montgomery, formerly a Hospital Apprentice Second Class at the Naval Hospital, remembered the Studebaker ambulance as "large and cumbersome" and noted there was "much skepticism as to whether it would replace the horse ambulance, especially after too frequent trips to the [Washington] navy yard when it was necessary to have batteries recharged ... in order to get back to the hospital."⁸

The penultimate moment in its short career came on 4 March 1909 when it was slated to drive in President Taft's Inaugural Parade. Fearing a possible break-down along the parade route, the medical officer in charge of the ambulance moved it to a stationary position on 18th street and Pennsylva-

nia Avenue. One corpsman assigned to the vehicle would fondly recall that "except for the cold, [we] spent an enjoyable day viewing the parade through the large side windows of the ambulance."⁹

Development of the Modern Ambulance Service

Although Navy hospitals first employed horse-drawn ambulance wagons as far back as the 1860s, a "modern ambulance service" was not instituted by the Navy Medical Department until the 1890s. Under the leadership of Surgeon General J. Rufus Tryon (1893-1897), Navy Medicine was revived through a massive modernization effort of its hospitals and services. The progress of sanitary science and developments in hospital architecture enabled new remodeling and renovation projects. Electric lights, and hot and

1. Montgomery, Albert. *The Hospital Corps Quarterly*, April-May-June 1948. Washington, D.C.; GPO. p17. Montgomery was station at the Naval Hospital Washington, D.C. (AKA, Navy Medical School Hospital) in 1909. He would later serve as a Hospital Corps Officer in World War II.

2. Automobile ambulances started in 1899 with the electric ambulance acquired by the Michael Reese Hospital in Chicago and in 1900 by St. Vincent's Hospital in New York City—each vehicle resembled a "boxy milk-wagon." The vehicles had no steering wheels but instead, an "L-shaped lever." Source. Bell, Ryan C. *The Ambulance: A History*. Jefferson, NC: McFarland & Company, Inc. 2009. P146 and Barkley, Katherine T. *The Ambulance. The Story of Emergency Transportation of Sick and Wounded Through the Centuries*. Kiamesha Lake, NY: First Load N Go Edition. 1993. pp 87-88.

3. Montgomery, p17.

4. With inflation, this amount would be equivalent to \$74,230.77 in today's money. Source. Dave Manuel's "Inflation Calculator" (<http://www.davemanuel.com/inflation-calculator.php>.) The cost is comparable to the price of a 2013 Model S Tesla electric car (which can start at \$70,000).

5. "Specifications for Electric Ambulance for U.S Naval Medical School Hospital, Washington," 14 November 1907. Record Group 52, BUMED Correspondence Files, Letter 116872. "Studebaker Ambulance for U.S. Medical Department." *Automobile Topics*. 1908. p1920.

6. Bell, p183-187.

7. "Specifications."

8. Montgomery, p17.

9. Ibid.



USS *Solace* corpsmen loading a patient into "modern" Navy horse ambulance at Brooklyn Navy Yard, 1914

Courtesy of the National Archives and Record Administration

cold water was introduced; antiseptic operating rooms, and bacteriological and chemistry laboratories were constructed; elevators were installed in multi-storied hospitals; and X-ray machines and sterilizers for bedding and clothing were purchased.¹⁰

Inspired by the emergency medical services of St. John's Hospital Society in London, England, Tryon also set forth to institute a Navy hospital am-

bulance service able to render medical assistance as well as transport sick and injured patients. The new ambulance carriages were fitted with "every necessary appliance to convey patients safely and comfortably."^{11,12} This consisted of medical kits with Aromatic spirits of ammonia (smelling salts), chloroform, ether, fluid of ergot,¹³ Hoffman's anodyne,¹⁴ spirit of nitroglycerin, Squibb's mixture,¹⁵ tincture

of digitalis, as well as forceps, safety pins, scalpels, scissors, tourniquets, muslin bandages gauze, blankets, canteens, lanterns, rubber pillows, rubber sheets, splints, and even a flask full of whisky.¹⁶ By the end of the 1890s, these ambulance carriages were ever present at naval hospitals from Charleston, SC, to Newport, RI, and out west in Mare Island, CA. Along with this ambulance service, each naval hospital now maintained detailed records for each ambulance call including date, time and locality of call, arrival at destination, and return to hospital.

As more and more automobiles appeared on city streets, the Navy continued to hold the reins on its stable of ambulance horses. Navy surgeons had requested an "upgrade" from the horse-drawn ambulance as early as November 1900 when a surgeon at the Brooklyn Navy Yard requested an automobile ambulance for use in case of "illness or injury occurring among the employees of this yard."¹⁷ In 1902, Medical Director William S. Dixon at Naval Dispensary Washington, D.C., notified Surgeon General Presley Rixey of the need to overhaul his two ambulance carriages and proposed that

10. *Reports of the Surgeon-General, U.S. Navy to the Secretary of the Navy*. Washington, D.C.: GPO. Years 1894-1897.

11. "Ambulances for Naval Hospitals: Brooklyn, Chelsea, and Norfolk to be provided for at Once." *The New York Times*; May 13, 1895; p9.

12. Tryon: "The ambulances are all of modern construction, superior even to those employed at civilian hospitals, and most satisfactory, and are considered a great improvement over former methods of transportation of sick and wounded." *Report of the Surgeon-General, U.S. Navy to the Secretary of the Navy*. Washington, D.C.: GPO. Year 1896. Washington, D.C.: GPO. p25

13. Medicine was commonly used for hemorrhoids and dysentery.

14. Hoffman's anodyne (ether and alcohol) was used as an antispasmodic.

15. Squibb's Mixture was a concoction of alcohol, opium, and chloroform that was reputed to ease cramping.

16. *Report of the Surgeon-General, U.S. Navy to the Secretary of the Navy*. Washington, D.C.: GPO. Year 1896. Washington, D.C.: GPO. p25-26

17. Surgeon [Not Identified] to Surgeon General Rixey. "Ambulance Service at Brooklyn Navy Yard." National Archives, RG 52, BUMED Correspondence Files, Letter 59692. 26 Nov 1900.

it would be economical to purchase a gasoline-powered "horseless carriage," and preferably an "Oldsmobile."¹⁸ In 1907, Naval Hospital Fort Lyon, Colo., requested a steam-powered vehicle to transport its load of tuberculosis patients.¹⁹ Despite these pleas, the draught horse and carriage would remain. At the end of the day the question of hay versus sparkplug, and horse versus horseless carriage rested with economics.

The Cost of an Ambulance Service

In 1902, one Navy surgeon estimated the cost of a horse ambulance was as follows: "feed for two horses costs about \$258.00, pasturing \$40.00, shoeing \$100.00, and stable accessories \$50.00, per annum."²⁰ Add to this the cost of two new draught horses (about \$350.00 each) and two standard ambulance carriages (about \$1,500), a Navy hospital would have to spend about \$2,700 for an ambulance service (not counting cost of attendant/coach driver, veterinarian or maintenance

of stable).²¹ With inflation this would equate to about \$73,000 in today's money.²²

In comparison, an electric motor ambulance such as the 1908 standard electric Studebaker cost \$2,895.00. A new battery for the model could cost up to \$840 and incidentals (tires, etc.) \$200.²³ Not counting the cost of contracting a professional chauffeur-mechanic (which was not uncommon) and cost of garage, you could spend \$3,935 or about \$100,897 in today's money²⁴ for an automobile ambulance.

Each type of ambulance had its own drawbacks as well. Horses would need time to rest between runs and require veterinary care²⁵; an electric automobile would need "considerable time" to recharge making it less than ideal for emergency calls; and gasoline ambulances were messier, louder and by some accounts, more dangerous alternatives.²⁶

By 1913, there was no denying the world had entered a new age of transportation. The developments of the

internal combustion engine (making gas power safer and more efficient), the automobile assembly line, and the proliferation of hand-pump filling stations in urban areas made gasoline-powered vehicles cheaper, more convenient, faster, and enabled people to travel greater distances.^{27, 28}

In the second decade of the twentieth century, the Navy began replacing its fleet of old carriages with the latest models of gas-powered ambulances made by Cadillac, Cunningham & Sons, Dodge Brothers, and Ford. As war clouds gathered in 1914, these new vehicles would serve as the first combat ambulances of the modern era and become one of the legacies of the First World War I. *By ABS*

Next Installment:

Navy Ambulances in World War I

18. Surgeon Dixon to Surgeon General Rixey. "Ambulance Service at Naval Dispensary Washington, D.C." National Archives, RG 52, BUMED Correspondence Files, Letter 71582. 16 June 1902.

19. *Decisions of the Comptroller of the Treasury*. Vol. XIV, Jul 1, 1907- Jun 30, 1908. Washington, D.C.: GPO. 1908.

20. Dixon Letter.

21. Ibid.

22. "Inflation Calculator."

23. Dolnar, Hugh. "The Couple Gear Company's 5-Ton Truck." *Cycle and Automobile Trade Journal*, Volume 11, 1902. p231.

24. "Inflation Calculator."

25. In a letter to Surgeon General William Braisted, Surgeon George Lung pointed out the incredible strain put on horses. "I am taking the liberty of reminding you of the long distances our ambulances are sometimes required to go. As an instance: Last week it was the desire of the medical officer of the Wyoming, then at anchor in the North River, to send a patient to the hospital. Our one motor ambulance was absent undergoing repairs and the horse-drawn ambulance was unequal to the journey." Surgeon Lung to Surgeon General Braisted. "Ambulance Service at Naval Hospital Brooklyn, NY." "Ambulance Service at Naval Dispensary Washington, D.C." National Archives, RG 52, BUMED Correspondence Files, Letter 12739. 8 December 1916

26. Fawcett, Waldon. "The Cost of Operating a Motor Ambulance." *The Modern Hospital*. Volume VIII, January 1917. pp21-25.

27. Bryan, Ford. *Henry's Attic: Some Fascinating Gifts to Henry Ford and His Museum*. Detroit, MI: Wayne State University Press. p201.

28. Witzel, Michael K. *The American Gas Station*. Osecola, WI: The MBI Publishing Company. 1991. p21.



Image taken from the "Studebaker Ambulance for U.S. Medical Department." Automobile Topics, Vol. 15, 1908, p 1920

Specifications for the Navy's First Automobile Ambulance

Excerpted from "Specifications for Electric Ambulance for U.S. Naval Medical School Hospital, Washington, D.C.," BUMED Correspondence Files (RG52), National Archives, Washington, D.C.

BODY: Inside Measure: 7 feet Long, 4 feet wide at height of seat and 3 feet 5 inches at floor, 5 feet high from floor to top. To be made with panel top; 16 coats of paint and varnish; one stationary window on each side of proper proportion to make good appearance and give ample light, protected inside by vertical brass rods; small windows in front for lamps to shine through; inside of body to be furnished in natural wood; stanchions, ribs, frame, etc. to be of well seasoned ash.

LAMPS: Square pattern, hung in front so as to shine through small windows. Front to have ruby colored band 2 " wide

GONG: Loud single striker, worked with foot pressure

LETTERING:

On guard panel - "MEDICAL DEPARTMENT, U.S. NAVY"

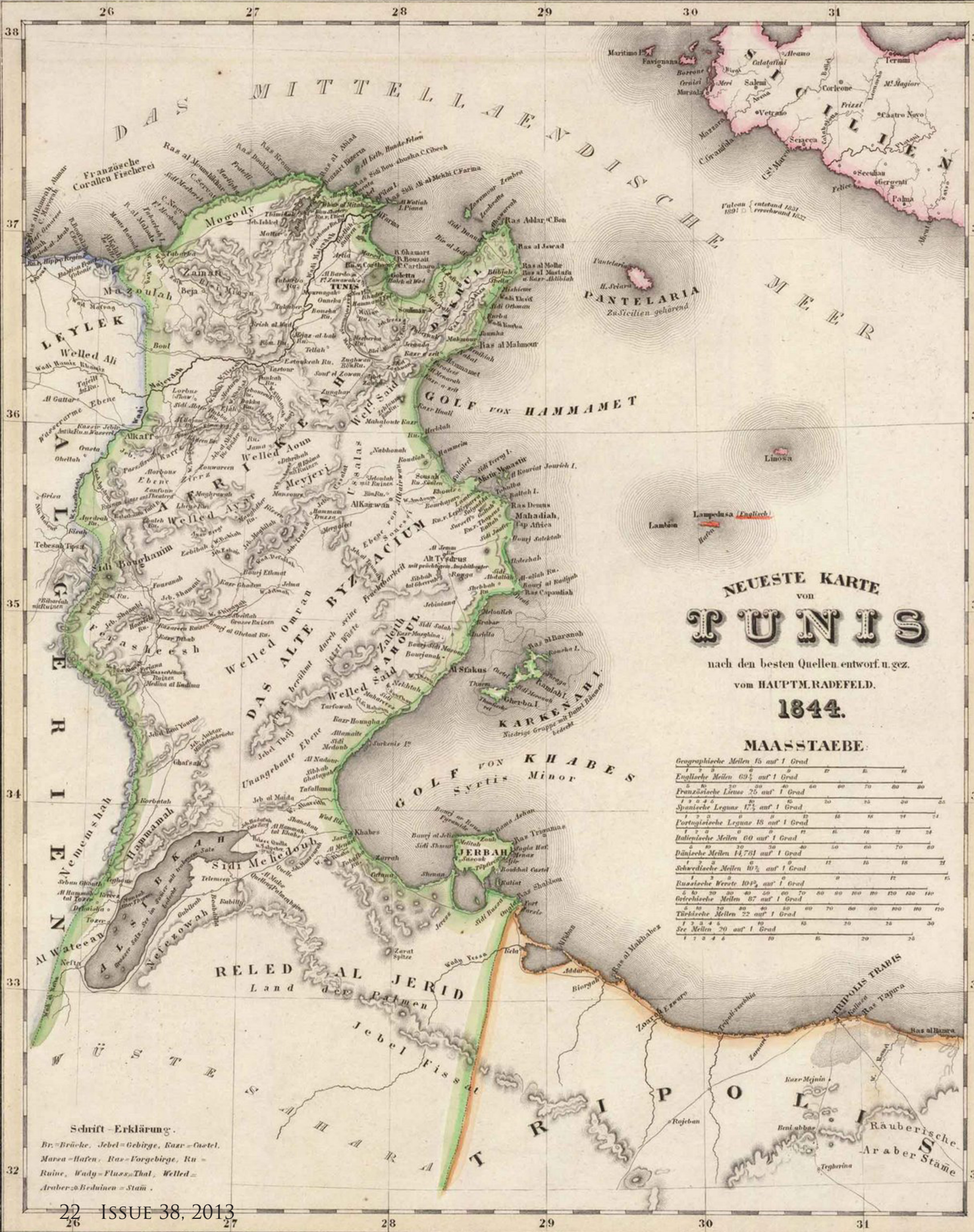
On body panel - "AMBULANCE"

On chauffeur's box - "U.S. NAVAL HOSPITAL WASHINGTON, D.C."

All lettering to be gold, double shaded.

Wheels: Dust proof; provided with oil cups; hickory spokes, oak felloes; Timken roller bearings.

SEATS: To run entire length, 14" wide, and are to be fixtures securely braced from below. Enough space to be left below to allow a rolled stretcher to be stowed under each seat. To be provided with movable leather cushions. Guard rail at ends. Rods for raising cushions to be plated or painted to prevent rust.



Samuel Davies Heap— A Footnote to American Diplomatic History*

by Dr. Leonard G. Dauber*

During times of war, the doctor is called into the military to treat the combat injuries of his fellow countrymen-in-arms. In times of peace, he is but seldom asked to practice his art in the service of his country. It is even more unusual for the peacetime physician to exercise his healing offices in the repair of disordered affairs of state. Such an opportunity was presented to Samuel Davies Heap, Surgeon in the United States Navy in the early nineteenth century, when he was appointed to the consular service to minister to the diplomatic wounds between his country and the Barbary Regency of Tunis.

After finishing his medical training in Philadelphia in 1804, Heap, at the age of 23, accepted a commission as surgeon's mate in the fledgling Navy of the United States. He was assigned immediately to the frigate *President*, flagship of the Mediterranean fleet commanded by Commodore Sam Barron. Here, he was to serve with many other junior officers (Isaac Hull, Stephen Decatur, Thomas McDonough, William Bainbridge) who

were to become the captains and commodores of the Navy during the War of 1812 with Great Britain. Commodore Barron was troubled during the cruise with a liver ailment, which "during the winter and spring of 1804-1805 left him in such a state of health as to disqualify him from transacting any business, his mind so impaired as scarcely to recollect anything that transpired from one day to another." He undoubtedly required the constant attention of his ship's surgeon, and indeed his illness so hampered his command effectiveness that he was forced to retire in favor of Commodore John Rodgers. These were the initial years in the conflict with the Barbary pirates: the U.S. Navy was in the process of securing, by the show and use of force, access to free trade and commerce in the Mediterranean. In 1804, the exploits of Commodore Edward Preble and his squadron had resulted in the defeat of the Tripolitan Navy, and marked the beginning of a decade of intermittent conflict between the United States and North African states. During the year of Commo-

dore Barron's command, the payment of ransom secured the release of the several hundred sailors who had been captured when the frigate *Philadelphia* went aground in Tripoli harbor; these sailors were imprisoned under harsh conditions: forced to work at hard labor, receiving a meager food allowance, without proper bathing or sanitary facilities, and punished by the bastinado [a cudgel]. It is likely that Surgeon Heap ministered to them and saw to their prison-acquired illnesses and diseases before they were embarked for home.

In 1807, Heap returned to the United States aboard the *Constitution*, and over the next ten years saw service in Norfolk, New Orleans, Boston, and Philadelphia, rising to the rank of surgeon and chief of the hospitals at these ports. In 1817, he was assigned again to the Mediterranean as "chief medical officer of the station" (surgeon and director of the hospital attached to the fleet).

In 1823, an unexpected vacancy occurred in the consular service. Heap was appointed *chargé d'affaires* to the Regency of Tunis at the suggestion of

*This article is being republished with the permission of The Association of Military Surgeons of the United States (AMSUS). Article originally appeared in *Military Medicine: International Journal of AMSUS*, 1967, October; 132 (10): 826-30. At the time of its original publication, the author was a U.S. Army Medical Corps captain serving at the Blood Transfusion Research Division, at the Army Medical Laboratory, Fort Knox, Ky. Note. We have omitted the author's original acknowledgements and have italicized all the names of ships mentioned and made them title case. In the original article, the first endnote does not appear in the body of the article.

Commodore Jacob Jones, a physician turned naval line officer, who had been a Tripolitan prisoner in 1805, and who had merited a Congressional commendation after his sloop of war *Wasp* had captured the British brig *Frolic* in 1813. And so began his career as a diplomat. His letter of appointment read:

"The confidence which I have in your abilities and patriotism have induced me in virtue of the commission which I hold of Consul General in Barbary and of instructions received from the Government, to appoint you to the post of charge des affairs of the Consulate of the United States in Tunis, which has been left vacant by the Departure of Townsend Stith for the United States. You will proceed to Tunis by the first convenient opportunity and in virtue of these credentials take charge of the affairs of the United States with that government until it may please the President to order otherwise.

The salary of the Consulate is fixed by law at two thousand dollars per annum, which you will be entitled to receive from the time your orders confirm the discharge of the duties; a legal provision is also made for defraying the contingent expenses of the house, all of which will no doubt be provided for by the Secretary of State as soon as he is advised of your nomination; in the meantime this authority will give validity to your bills drawn on the Department of State within the limits provided by law for the same.

With our respects, I have the honor to be, Sir, your most obedient servant, Wil-

liam Shaler, Consul General"²

At this time, the state of American relations with the Tunisian government was poor. Indeed, the consular house at Tunis stood vacant and was badly in need of repair; the flag of the American republic had not yet been flown for better than six months. Major Stith, Heap's immediate predecessor, had left Tunis, persona non grata after legal difficulties with the Bey, and he wrote Heap, cautioning him that:

*"...the consular relations are suspended, and therefore, until you receive advice from the State Department, your duties are confined to report all new or other outrages against the Commerce or privileges of the American Flag, or citizens, or Consul of the United States, to the proper department of your Government."*³

Almost continuous friction had existed between the two countries. In part, this grew out of the intermittent piracy practiced by the Tunisians. Thus, in 1815, Commodore Stephen Decatur anchored his fleet, guns rolled out, in the harbor of Tunis in order to extract \$46,000 from the Bey as compensation for American ships seized by the Regency. Difficulties arose, as well, out of the Treaty which had been signed in 1797, and which put the U.S. at a commercial and legal disadvantage in its affairs with the Regency, as compared to the more favored nations such as Great Britain, France, Holland.

Despite his observer status, Heap

quickly ingratiated himself with the Bey and his advisers. It may be, as John L. Hodge, U.S. Consul at Marseilles, wrote in a letter to Daniel Webster in 1852, that Heap "possessed the entire confidence of the Bey, owing to his prudent and conciliatory conduct, and friendly feelings, (acting as Physician) in restoring to health a member of his [royal] family whose life had been in great danger and refused compensation which gratified the Bey as it showed a disinterested conduct."⁴ At his second audience he took the opportunity to explain to the Bey:

*"...that so long as the present treaty existed, he must not expect to see an American merchantman enter his ports. I also observed that the commerce of the United States in the Mediterranean was very considerable, and annually increasing; that I had reason to believe, if such changes were made in the Treaty as would place us in the situation of the most favored nation, he would soon engage in commerce which would prove highly beneficial to his Government and subjects. I further observed, that many years experience must have convinced his Highness of the truth of my remark, and that he must have become sensible, by this time, that the objectionable articles in the Treaty had ceased to be of much consequence to us, but that they operated greatly to his disadvantage."*⁵

Heap proposed revisions and alterations in the Treaty; these were accepted "without expense or the slightest in-

1. Tucker, Glenn. *Dawn like Thunder, The Barbary Wars and the Birth of the U.S. Navy*. New York: Bobbs-Merrill Company, Inc. 1963. p417.

2. Letter from William Slater, Consul General in Barbary to Samuel Davies Heap, dated 5 September 1823.

3. Extract from a letter from Townsend Stith, late U.S. Consul at Tunis to S.D. Heap, dated 1 October 1823. National Archives.

4. Hodge to Daniel Webster, letter from Marseilles, dated 26 April 1852. National Archives.

5. S.D. Heap, Acting Consul, to John Quincy Adams, Secretary of State, dated 24 January 1824. National Archives.

timation that presents of any description would be expected”⁶ by the Bey. Within a month, Heap dispatched the revised Treaty to Washington where it was approved by John Quincy Adams, Secretary of State, ratified by the Senate, and signed by President James Monroe in 1825, “in the year...of the Independence of the United States, the forty-ninth.”

Significantly, the new Treaty did away with the import tax of 6% levied on all goods brought into Tunis by American merchants, and cancelled the right of the Tunisian government to commandeer, for its commercial needs, American merchant vessels without proper recompense to the captain. The revised Treaty annulled the demeaning article requiring the payment in tribute of a barrel of canon powder for each gun fired in salute to an American man of war by the port authorities of the Goletta, the harbor of Tunis. And most important, the sovereignty of the U.S. over individuals aboard its naval and merchant ships was restored by the abrogation of the provision requiring return of all escaped slaves who had sought refuge on a ship flying the American flag and had claimed sanctuary under the Stars and Stripes.

The new Treaty remained in effect without change until 1904 when it was superseded by an agreement with France which had taken Tunis as a colony.

In 1825, Heap was summarily replaced as Consul and ordered to the U.S. aboard the frigate *Cyane*, which

had been captured from the British by the USS *Constitution*, Captain Charles Stewart, in 1825. But with the refusal of the Bey to recognize his successor and the assurance of the Consul General for the Barbary Powers to continue him in his position, Heap resigned his commission in the Navy medical service to devote himself to the Diplomatic Corps. Thereafter, until his death in 1853, he was to serve in the Mediterranean as a consular officer. Three times he was to be removed, at least on one occasion, according to John Quincy Adams, for reasons of political patronage:

"Dr. Heap was here again this morning, very anxious about the prospect of his obtaining some appointment for subsistence in his old age. He has been shabbily treated—removed from his quiet sinecure at Tunis...and appointed Dragoman at Constantinople—that is, translator from and to the Turkish language, of which he never understood one single word; still, he went to Constantinople with his family, and at Malta, on his way, learnt that he was superseded...

I told him I had spoken of him and recommended his case to Mr. Webster, though I knew not with what success. He said Mr. Webster had received him with coldness, and Mr. Tyler with more; and upon his representing the unceremonious manner in which he had been displaced from his office at Tunis, Mr. Tyler, in a tone of fretful uneasiness, had said, 'I cannot remove my friend Payne'—meaning ... the histrionic parasite who was here all the summer of 1841, currying favor by writing niminy-piminy meretri-

*cious letters of courtly adulation of John Tyler to be published in the New York Herald. This was the sycophant, and this the service for which, 'my friend [John Howard] Payne' was appointed consul at Tunis, instead of an old public servant of forty years."*⁷

On another occasion he was removed for allegations of scandalous personal conduct which proved unfounded, only to be reinstated after application to the Secretary of State. Twice, his removal occasioned his opposite numbers in the consular community at Tunis to record their witness to his effectiveness. Thomas Reade, his Britannical Majesty's Consul General, was moved to write:

"We have now been colleagues during the very long period of 17 years, and I can say with the greatest truth that it has never fell my lot to serve with any functionary for whom I entertained sentiments of highest esteem and regard than I have done, and continue to do for you. I believe I may affirm, that during my residence here, I have had as much intercourse with the Tunisian government as anyone, and have consequently been enabled to form a correct opinion of their real sentiments, and it affords me the greatest satisfaction to state that upon every occasion where your name has been mentioned or even alluded to by his Highness the Bey, as well as by his predecessors and every member of their respective Governments, they have invariably shown in their most unequivocal manner that their feelings for you were those not only of warm es-

6. S.D. Heap to John Quincy Adams, dated 4 March 1824. National Archives.

7. Adams, Charles Francis (ed). *Memoirs of John Quincy Adams comprising portions of his diary from 1795-1858*. Philadelphia, PA: J.B. Lippincott, Volume XI, 1876. pp 369-370.

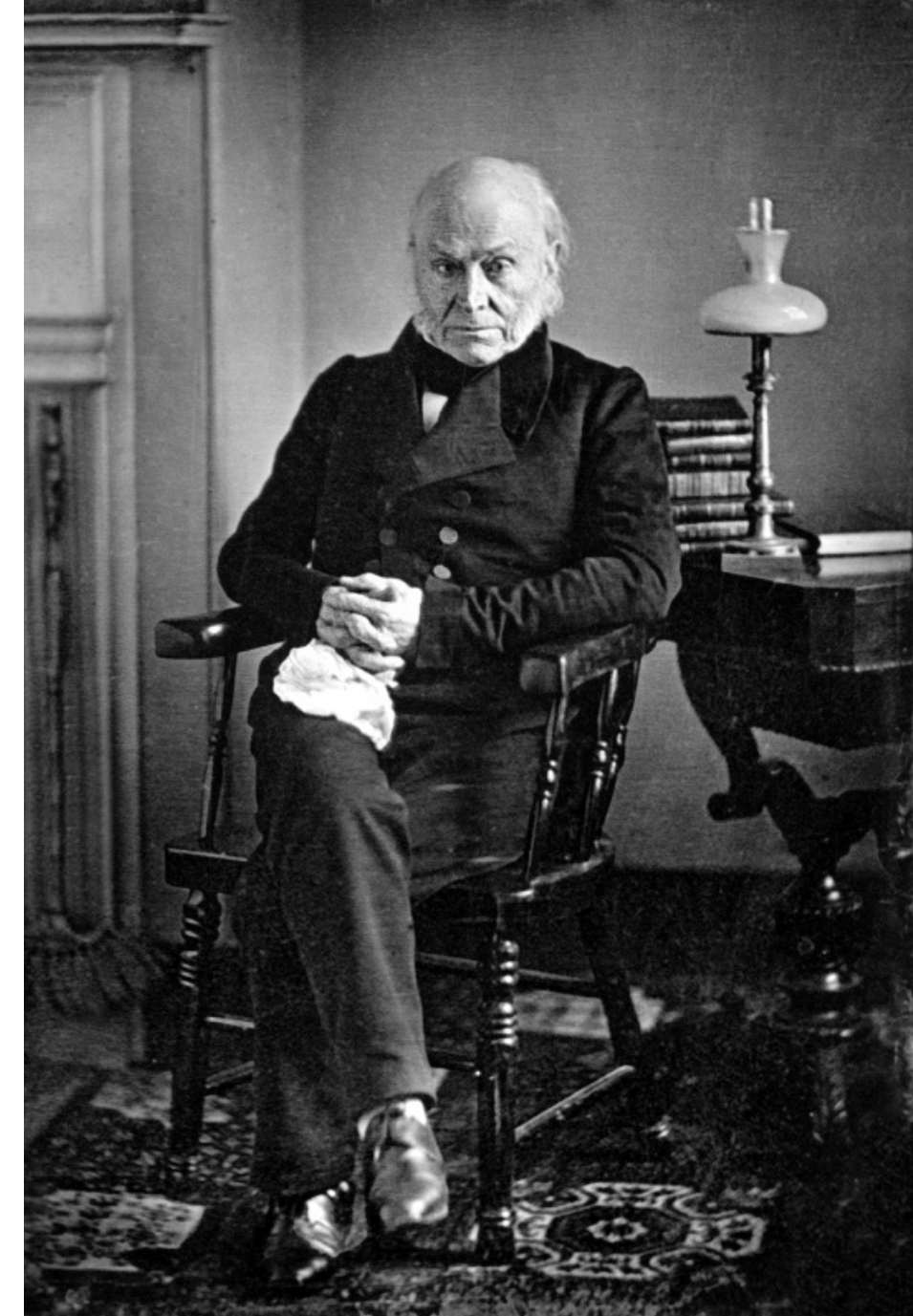
teem, but of the highest respect, and it was only yesterday that his Highness the Bey in mentioning that he had the pain of taking leave of you, added that your separation from him was a matter of deep public concern and had created in his breast emotions of real grief."⁸

The Bey himself, Hassan Bashaw, wrote the President acknowledging Heap's ability as a diplomatic representative:

*"To the President and Grandee of the Senate of the U.S. of America...It is our duty to inform you, worthy person, that we cannot but say of Mr. Heap that we have invariably found that in executing the duties of his situation, he has always made use of every measure in his power to discharge them without prejudicing either party, and with so good a manner as to give satisfaction to your and our Government, a proof of which is that we have granted through his medium, advantages for his Government that no other Consul before him was able to obtain...in reward of his amiability and good manner."*⁹

Each time Heap was reappointed Consul, he was required to use all his powers of amiability to restore the good relations between the Regency and the United States, which had been upset by the untoward actions and attitudes of his immediate predecessors in office.

Heap was married in 1810 to Margaret Porter. They had five children. Of their four sons, two were named after early naval heroes. One son was named after David Porter, Heap's brother-in-law, who was a lieutenant aboard the



John Quincy Adams, President, Diplomat, and Ally of Navy Surgeon Samuel Heap, 1843. Photographic copy of Philip Haas daguerreotype .

Courtesy of Metropolitan Museum of Art

ill-fated *Philadelphia* in 1805, and who in 1813 captained the frigate *Essex*, the first American ship of war to sail in the Pacific Ocean. Another was named after James Lawrence who lost his life

in 1813 when his frigate *Chesapeake* was defeated by HMS *Shannon*, Sir Philip Broke, off Boston; it was during this naval engagement that Lawrence, mortally wounded, implored his crew:

8. Thomas Reade to S.D. Heap, dated 6 May 1842. National Archives.

9. Translation from the Italian translation of the Arabic letter from the Bey "written at Bardo in the month of Jumad-el-Tim in the year 1240 of the Hegira, corresponding with March 1825."

"Don't give up the ship!"

During his years in the consular service, Heap learned to speak Arabic and became knowledgeable in the customs and manners of the Arabs and Moors. The life of a career diplomat in the early 19th century was not an easy one. Funds were not readily available for the operation of the consulate: bills of credit drawn on the U.S. Government were not always honored in a foreign port. Even with the new Treaty, American merchantmen were but infrequently seen in Goletta, and in several years the Heaps were the only Americans in Tunis. On two occasions, Heap became seriously ill, once with a self-diagnosed case of ophthalmia, and once with a "calculus: malady requiring a visit to Marseilles for medication and surgical treatment. In his consular journal he chronicles epidemics of the plague and cholera, which fortunately never affected him or his family. As a physician, as well as Consul, he could and did give pratique to American men of war sailing from the Levant, thus shortening their stay in quarantine at English and French ports in the Medi-

terranean. He was also called upon by his brother-in-law Commodore Porter, who had been appointed minister in Constantinople in 1839, for the treatment of angina pectoris.

After his second dismissal, Heap took the occasion to visit the U.S. to seek reinstatement—then, in 1845 reminded John Tyler, the President, that:

*"...it is now nearly forty years since he entered the service of his country for the greater part of which period his services have been important and arduous. That the compensation he has received has at no time exceeded the necessary expenditures of a strict economy, and that of course he has been unable to save up a sum for future support; that having been constantly abroad for the last 18 years, he returned to his native country almost a stranger, through the social circle of his youth broken up and the ties of friendship severed by death, worse out by lapse of time."*¹⁰

Have spent the greater part of my life in the service of my country abroad, I have never been a politician in any party sense of the term, having been solicitous only to perform my duty un-

*der all administrations since the time of Mr. Jefferson. I have no strong political friends, no political influence, to endorse my claims to the good opinion of the Government, but I flatter myself, Sir, it will require neither to insure me to your favorable notice.*¹¹

In 1853, he took ill with paralysis just after the appointment by Daniel Webster, then Secretary of State, to his fourth tour at Tunisian Consulate. He died that autumn and was buried in the Protestant cemetery at Tunis.

Thus ended his career spanning nearly five decades in the public service. His epitaph was spoken by the Bey: "He walked in a straight line."¹² And by so doing, Dr. Samuel Davies Heap was enabled to revise an abhorrent Treaty and ensure to a young Republic the respect due its flag.

10. Letter from S.D. Heap, dated 7 May 1845.

11. Letter from S.D. Heap, dated 21 May 1845.

12. Verbatim report of a conversation with the Bey, in a letter from W.B. Hodgson, Consul, to Daniel Webster, Secretary of State, dated 15 February 1842. All letters are contained in either negative microfilm from the files of Application and Recommendations for Office, 1825-1869; or positive microfilm of Dispatches from U.S. Consuls in Tunis, 1797-1906, columns 5,7, and 8; or positive microfilm of Dispatches from U.S. Consuls in Constantinople, 1820-1906, volumes 7 and 8; which are part of the Archives of the States Department, in the National Archives and Records Service, Washington, D.C.

Navy Medicine and the Kamikaze Attacks of Lingayen Gulf, January 1945

Kamikaze Attack on Carrier
by John Hamilton

All images courtesy of Navy Art Museum



By fall of 1944, Allied Forces had succeeded in establishing bases for the long awaited return to the Philippines. For almost three years most of the Philippine islands had been controlled by the Imperial Japanese forces. The campaign to retake the Philippines was undertaken by the largest mobilization of Army and Navy forces in the Pacific War. This historic effort was also marked by the emergence of the “Kamikaze” plane. With planes painted in dark colors with large red circles on the wings, Kamikaze pilots centered their attention on the larger ships, carriers, and battleships. As the Philippine campaign progressed into 1945, the suicide planes increased in number and vied with old style torpedo bombers in sinking and damaging Allied ships. Over the last year of fighting, these suicide planes alone would sink over 120 ships, killing 3,048 allied sailors, and leaving over 6,000 personnel wounded.¹

The following history is excerpted from the unpublished “U.S. Navy Medical Department Administrative History, 1941-1945”² and offers a glimpse of Navy Medical Department activities during the Lingayen Gulf Invasion (6-9 January 1945). Footnotes have been added and minor editorial modifications (i.e. removing quotation marks from and capitalizing “Kamikaze.”)

The attack at Lingayen Gulf had as its object the “prompt seizure of the Central Luzon area, the destruction of the principal garrisons, the command of organizations and hostile defense forces in the Philippines, the denial to the enemy of the northern entrance to the South China Sea, and the provision of bases for the support of further operations against the Japanese.”³

Command status was similar to that carried out at the Leyte operation—the Commander Seventh Fleet in overall charge of the expedition under the Commander-in-Chief, Southwest Pacific area.

The majority of serious casualties at Lingayen came from the badly damaged ships. High percentages of burns from the Kamikaze explosions were responsible for a number

1. Kamikaze statistics. website: www.airgroup4.com/kamikaze.htm.

2. BUMED History Office. *U.S. Navy Medical Department Administrative History, 1941-1945*. Completed 1946 (unpublished).

3. Action Report, ComTaskForce 78, Lingayen, p3.

of deaths. Flash burn cream had not yet begun to be used on a widespread basis, and there were many burns of the face, neck, throat, and exposed parts of the arms and ankles.⁴

Destruction wrought by Japanese Kamikaze planes at Lingayen Gulf was heavy. Ship after ship of the task force shuddered under the impact of a Japanese plane carrying a 500-pound bomb crashing into the decks or the superstructures.⁵ By the time of the Lingayen operation the suicide planes had become a major part of the Japanese plan of defense. American forces were now operating in areas adjacent to many Japanese airfields. In addition, the Kamikazes were maneuvering more successfully than before. Full utilization was made by the Japanese of the heavy cloud coverage which persists in the Philippine area, and the planes would hop from cloud to cloud until a good opportunity for striking presented itself. Despite the increase of Kamikaze hits, the American vessels put up strong antiaircraft defenses, and instituted improved damage control programs.⁶ Navy Medical facilities were

frequently severely hampered in those attacks. Time and again bombs would crash into sick bay areas destroying personnel and supplies. The account of a hit on the USS *Manila Bay* (CV-E6) in Lingayen Gulf on S minus 4 days illustrates how medical department personnel met such a situation. The suicide plane with its bomb crashed into the flight deck of the carrier, directly above the sick bay. All medical personnel in the sick bay area, although injured, continued functioning. Light and ventilation of the area were completely shut off, and shortly after, the rooms were flooded with oil, water, gasoline and foamite from above. Rallying its forces, the medical department staff directed the setting up of a substitute sick bay in the forward battle dressing station on the upper deck, and the wounded were carried to this station. In addition to the damage to the sick bay, the hangar deck battle dressing station had been completely demolished.

Throughout the night the wounded were treated in the forward battle dressing station, while repair crews worked continuously to repair the sick bay area.

Forty-eight hours after the hit the *Manila Bay* was again operating its sick bay. In all 14 were killed, 51 wounded and 1 missing.

As a result of the large percentage of burn injuries from the explosion, the carrier's medical officer requested that improvements in flash proof clothing be initiated. The three-piece head protector was felt to be the most vulnerable to loss, and in addition it was difficult to wear. A further recommendation for improved stowage facilities for protective clothing at battle stations was made.⁷

Another victim of a Japanese suicide attack during the Lingayen Gulf operation was the USS *New Mexico* (BB-40). In this case, the Kamikaze landed in the superstructures of the battleship killing 30 and wounding 87 seriously and 42 lightly. Many of the casualties were caught among the wreckage in almost inaccessible areas. Post-operation reports recommended increased numbers of assigned stretcher bearers as well as a greater coordination of medical and volunteer aid in meeting such emergencies in the future.

4. Action Report, ComTaskGroup 79.2, Lingayen Gulf. p35

5. Action Report, COM Luzon Attack Force, Lingayen. pp 64-73. The following gives a list of ships with their casualties resulting from "Kamikaze" hits in the Philippine area during the month of January. USS *Cowanessque* (2 killed, 2 wounded); USS *Dyke* (sunk with all hands); USS *Ommaney Bay* (6 killed, 65 wounded, 85 missing at time of report); USS *Helm* (6 wounded); USS *Louisville* (1 killed, 75 wounded); USS *Orca* (4 wounded); HMAS *Australia* (first hit: 25 killed, 30 wounded; second hit: 14 killed, 26 wounded); USS *Manila Bay* (10 killed, 75 wounded); USS *Walke* (15 killed, 32 wounded); USS *R.P. Leary* (1 wounded); USS *Newcomb* (2 killed, 11 wounded); USS *New Mexico* (30 killed, 87 wounded); USS *Brooks* (3 killed, 10 wounded); USS *Minneapolis* (2 wounded); USS *California* (41 killed, 155 wounded, 3 missing at time of report); USS *Southard* (6 wounded); USS *Columbia* (first attack: 20 killed, 35 wounded; second attack: 17 killed, 8 wounded, 7 missing at time of the report); USS *Louisville* (28 killed, 6 wounded, 10 missing at time of report); USS *Long* (7 wounded); USS *LST 918* (4 killed, 4 wounded); USS *LST 912* (4 killed, 3 wounded); USS *Callaway* (30 killed, 20 wounded); USS *Kitkun Bay* (16 killed, 15 wounded); USS *Mississippi* (8 wounded); USS *Leray Wilson* (7 killed, 3 wounded, 3 missing at time of report); USS *Dupage* (35 killed, 157 wounded); USS *Gilligan* (2 killed, 6 wounded); USS *Bellknap* (19 killed, 37 wounded); USS *Dickerson* (13 wounded); USS *LST 778* (7 killed, 12 wounded); USS *Zeilen* (5 killed, 32 wounded, 3 missing at time of report); USS *Salamaua* (10 killed, 87 wounded, 5 missing.)

6. Action Report, Com Luzon Attack Force, Lingayen, p84.

7. Action Report, USS *Manila Bay*, Lingayen, p79.

It was not impossible to evacuate the wounded from the *New Mexico* until 13 days after the hit. For four days immediately following the explosion the battleship was almost continuously at general quarters under repeated air attacks. The situation had unfavorable results on the wounded, and placed medical department personnel under a serious strain. Battle dressing stations had to be manned during the day to care for subsequent casualties. Definitive treatment could not, for the most part, be administered until the night. Critically wounded were hospitalized in an air conditioned ward, but many seriously wounded and neuropsychiatric cases had to be quartered in cramped, non-ventilated areas with detrimental effects. The continual salvos of gunfire produced a state of anxiety among the wounded which was not conducive to good recovery. In addition, the retention of the wounded aboard the battleship had an adverse effect upon the morale of the crew. Those not yet wounded were made constantly aware of the plight of their comrades. Recognizing the overtaxed conditions under which the medical department was already working, they feared that if their turn came they might not receive adequate care. "Too much emphasis cannot be brought to bear upon the importance of early evacuation of the wounded from a combatant ship," reported the *New Mexico's* senior medical officer. "This factor is considered as essential as re-arming and refueling. The later [sic],

incidentally, was accomplished while casualties were still aboard."

The need for improvement in first-aid instruction aboard the *New Mexico* was indicated after the January hit. Despite the fact that first-aid lectures and demonstrations had been given to officers and men a few weeks before the engagement, insufficient first aid was rendered by non-medical personnel in this emergency.⁷ While ample, medical supplies were not applied to wounds. Delay in first-aid treatment, until medical personnel could reach the scene, in some instances contributed to increased severity of shock.

Requests were made by medical officers aboard the *New Mexico* for further equipment with which to meet the increased medical hazards caused by the Kamikaze attacks. A refrigerated processing tank for X-ray work, ster-
nal puncture needles for administering plasma, a modern fracture table, more adequate ventilation in the sick bay, and a better supply of water in suitable containers for gun crews were all felt to be necessary for proper medical care aboard a battleship.

The problem of a sudden incidence of great numbers of severely wounded men rose again and again on the capital ships at Lingayen Gulf. To meet this situation adequately Navy Medical Department personnel worked day and night. On 6 January [1945], the USS *California* experienced a hit by an enemy crash diving plan and a simultaneous explosion of one of its own five-inch

shells. Two hundred and three casualties resulted.⁸ Doctors and corpsmen worked for the two succeeding days and nights without rest to bring medical aid to the wounded. It finally became possible to transfer 67 cases to the USS *Boliviar* (APA-34), and 13 other patients to *PCE-582* for further transfer to a naval hospital. At noon of 7 January 1945, 130 survivors were brought to the *California* from USS *Long*, USS *Brooks* and USS *Hovey*. Fifty-two of these survivors needed medical care, and were added to the *California's* own long casualty list of the preceding day.

The most notable factor resulting from the attacks of the suicide planes was the severity of wounds and multiple compounded injuries. The USS *Lexington*, struck by a Kamikaze early in the Philippine campaign, suffered 182 casualties, 50 dead and 132 injured. Almost all of these patients suffered from burns of varying degrees of intensity, along with combinations of blast concussion, fractures and shrapnel wounds.⁹ The USS *Colorado* with 69 casualties on 6 January had to deal with similar conditions, as did also the USS *Mississippi* on 9 January. The *Colorado*, recognizing the increasing danger of the Kamikaze planes, requested a large increase in Hospital Corps personnel for ships of the line engage in "the present, unusually hazardous duty."¹⁰

Treatment of battle wounds had become fairly standardized by the time of the Lingayen campaign. Following the application of first-aid measures,

7. Action Report, USS *New Mexico*, Lingayen Gulf, Kamikaze Attack, pp105-106.

8. Action Report, USS *California*, Bombardment of Luzon Island, Lingayen Gulf Area, p9.

9. Action Report, USS *Lexington*, Attacks on Luzon, p33.

10. Action Report, USS *Colorado*, Lingayen Gulf, p148.

wounds were debrided, and sulfanilamide powder and sterile dressings applied. Tetanus booster shots were given in most cases. Liberal reliance on transfusions were made—not only of plasma, but more and more frequently of “O” type blood. Severe burn cases were debrided under pentothal anesthesia, and sterile petrolatum and sulfanilamide dressings were applied under pressure bandages. In some instances, by the time of the third day after treatment, burn dressings had become so foul-smelling due to escaping serum, rising temperatures and poor ventilation, that further treatment became necessary for the morale of most of the patients. In such instances, the dressings were removed, broken blisters debrided, all burned areas sprayed with Pendleton’s mixture of paraffin,¹¹ cod liver oil, sulfadiazine, camphor, and menthol oil or eucalyptol. In most cases morphine was used “generously” and sulfathiazole given orally.

As a direct result of the increased Kamikaze program, nervous tension on ships of the line ran high throughout the Philippine invasion. Increasingly, it was noted by medical officers that numbers of men reported to sick call for “vague mental complaints.”¹² Irritability, depression, anxiety, and fatigue marked the strain under which the men and officers were required

to perform their duties in the battle afloat. The senior medical officer of the aircraft carrier USS *Cabot* stated that time for the execution of various jobs had increased by as much as 50 percent. Continuous action, especially under the threat of suicide bombers, lack of recreation and rest, and lack of replacement of personnel were the major causes for nervous fatigue.¹³ On the minesweeper USS *Southard* (DMS-10) signs of nervous strain were especially marked. “The action in Lingayen Gulf,” wrote the commanding officer, “was the severest that the present ship’s crew had ever experienced. The numerous calls to general quarters en route, the sight of numerous suicide attacks on ships in company, the necessity of staying at general quarters during daylight hours for three days prior to S-day, and a suicide dive on “own ship,” all contributed to a severe nervous strain. As a result, a few members of the crew “cracked up.”¹⁴ Those who were unable to continue under the nervous pressure were not “green” and untried personnel, but men who had been on the ship for a long time.

Everything possible was done by medical department personnel aboard the ships to assure the crew of the best possible medical care following a suicide attack. Medical supplies were packed in large metal cases and dis-

persed widely throughout the ships. On the USS *Ticonderoga* (CV-14) individual first-aid kits containing battle dressings, tourniquets, iodine, bandages, and morphine syrettes were issued to every officer and chief petty officer, and training in their use given. Medical officers, dental officers, and corpsmen were organized into fracture teams, burn teams, surgery teams, plaster cast teams, and plasma teams. Specialized personnel were trained as sorting teams to designate the casualties for proper treatment.

Over-all recommendations were made to improve conditions aboard the ships of the line to meet the Kamikaze menace. Extra folding cots for the medical department were indicated, as well as increased plasma allowances.¹⁵ Special emphasis was placed on the wearing of protective clothing by all personnel. Even a recommendation against shaving the head or clipping the hair short was made, since hair of normal length provided more protection against burns and injury.¹⁶

The operations at Lingayen Gulf highlighted the medical problems posed by the new Japanese weapon, the Kamikaze plane. As at Leyte,¹⁷ emphasis for the Navy Medical Department was shifted from land to sea. Marine personnel were not involved in the Philippine landings, and even the problem of

11. A waxy, white or colorless solid mixture of hydrocarbons made from petroleum and used to make candles, wax paper, lubricants, and waterproof coatings (www.freedExceptionary.com.)

12. Action Report, USS *Cabot*, Luzon Strike, p14.

13. Ibid

14. Action Report, USS *Southard* (DMS-10), Lingayen Gulf, p15.

15. Action Report, USS *Columbia*, Lingayen Gulf, p74.

16. Action Report, USS *Stanley*, p17.

17. First appearance of Kamikaze strikes.



Kamikaze Attack at Lingayen Gulf by John Hamilton

evacuation from the invasion beaches was taken over by the Army after the early days of fighting. This energy of Navy medical staffs had to be turned to combating the “baka” planes¹⁸ and to bringing about medical order from the crippling blows levied against personnel and materiel in the battle afloat at Lingayen Gulf.

As the Army forces pushed down towards Manila from Lingayen and San

Fabian, other tentacles of the American offensive tightened about the remaining Japanese strongholds in the Philippines. On 29 January the XI Army Corps went ashore at Subic Bay; two days later troops hit at Nasugbu. Marinduque, Samar, Mindanao, Cebu, Palawan, Panay, Cebu, and Negros came into the American military orbit as the winter of 1945 passed into the spring. Throughout the Philippine

campaigns, Navy Medical Department facilities and personnel functioned as an adjunct to Army medical activities with the invading forces. The over-all campaign was, of course, a joint endeavor, a pooling of effort. Certain aspects of the Philippine campaigns (other than Leyte and Luzon) are of interest in an account of the Navy Medical Department in the Pacific War.

18. Types of Kamikaze planes. According to the article “Baka...Flying Warhead” from the website “Lonesentry.com,” Baka (from the Japanese word meaning “fool” were small planes carried under the belly of a parent aircraft. They were released 20 to 25 miles from their target, which they reached with increased speed by dive angle and jet propulsion. The Baka carried a 2,645 lb warhead in the nose section of its fuselage.

Surgeon in Blue: Jonathan Letterman, the Civil War Doctor who Pioneered Battlefield Care

By Scott McGaugh

Arcade Publishing, New York. 2013. 342 pages (including index)

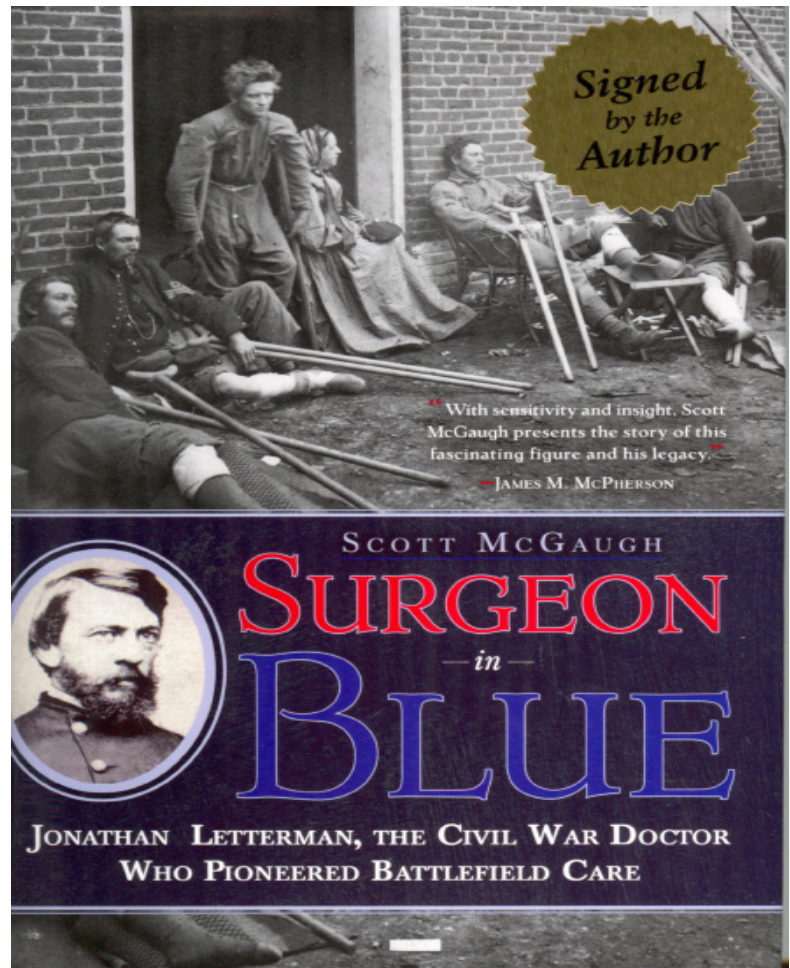
In a splendid book that is long overdue, Scott McGaugh has written a professionally researched and written account that chronicles the contributions of Jonathan Letterman, an Army medical officer who changed the picture of battlefield medicine. American veterans of wars in every conflict since the Civil War owe a profound debt of gratitude to an incredibly hard-working, dedicated and gifted medical officer who completely revolutionized care for soldiers on the battlefield. McGaugh has given us a genuinely first rate account. If possible, I would put a copy into the hands of every medical military officer.

Letterman was born in 1824 in Canonsburg, a small town in southwestern Pennsylvania. As the son of a surgeon, he had a comfortable childhood and opportunities for education. He graduated Jefferson College in 1845, and, influenced by his father's example (who died the year before he graduated college), entered Jefferson Medical College in Philadelphia, graduating in 1849. Perhaps due to a desire for adventure, he took the Army Medical Board's examination. He was appointed as an assistant surgeon and reported to an outpost located in the swamps of South Florida during the campaign against the Seminoles. This would be followed by thirteen years of similar assignments in Minnesota, Arizona, New Mexico, Virginia and California. In May 1862 upon the outbreak of the Civil War, he was ordered to Washington by the newly appointed Surgeon General, William Hammond. A month later the 37 year old Letterman was promoted to major and selected as the medical director for the Army of the Potomac. Described as quiet —perhaps taciturn—smart, dedicated, and hard working, he assumed the most important medical post in the Army at a time when the command was reeling from severe losses in the peninsular campaign.

Letterman inherited a dysfunctional field medical apparatus, and he wasted no time in reorganizing it from top to bottom in actions epitomized in the Army of the Potomac Special Orders No. 147, 2 August 1862, later codified in General Order 85, 24

August 1863. This was a landmark directive that established a system of evacuation with an ambulance corps under the control of the medical director. Working feverishly he put order and discipline into the entire medical system of supply, medical treatment, sanitation, soldier hygiene and diet, training of drivers and litter bearers—the list goes on. In the following month, his system proved its worth at Antietam, the bloodiest day in American history. Over the next year and a half he continued to perfect his system with improvements that included a field hospital system and general hospitals. At its peak his medical command included 592 ambulances with more than 2,200 soldiers, 6 officers, and nearly 1,900 horses and 200 mules.

His success demonstrated the criticality of medical control of all components of medical support, and the support of line commanders in all its aspects, from adequate food to proper shelter. The latter maxim was exemplified by the unstinting support of



Major General George McClellan for his medical director, which also became a close friendship. McClelland's support is contrasted with Letterman's experience with lukewarm command support or worst from other commanders and its inevitable deleterious effects. It also demonstrated the essentiality of support at the senior level as demonstrated by the decisive actions of a highly competent surgeon general, Brigadier General William Hammond.

In October 1863, Letterman married Mary Digges Lee from Maryland, and soon after asked for relief from his duty with the Army of the Potomac, and was transferred to the Army of the Susquehanna as

a medical inspector. Although the reasons are not clear, surely chronic illness and exhaustion from nearly two years of intense effort that included medical support for the battles at Antietam, Fredericksburg, and Gettysburg were factors. His contributions did not go unnoticed. He was celebrated in the press here and overseas, and there were two recommendations for brevet promotion to brigadier general as the war drew to a close, but those were eclipsed by events. The high regard in which Letterman was held by his peers is evidenced by a wedding gift of a \$2,000 silver set (\$24-29,000 today) presented to him the medical officers of the Army of the Potomac with their "great regard for you as an officer and a gentleman."

Letterman resigned from the Army in December 1864. He and Mary had two daughters, but Mary died in 1867, which cast him into depression, and the girls were raised by relatives on the east coast. After the war, Letterman went west and invested in an oil venture that failed. He returned to medicine in 1867 as the coroner of San Francisco. Losing re-election and in failing health he retired from public service 1871, with the exception of appointment as the California Commissioner of Lunacy. He died in 1872 at the age of 47.

Reviewers can make suggestions, and this one suggests a chronology of Letterman's life would help the reader track his career. He would also stress that the Letterman Plan's detailing of officers of the line to command ambulance detachments was significant for its employment of non-physician officers as an integral part of the medical team. Indeed those lieutenants and captains were predecessors of today's Medical Service Corps officers, permanent members of today's Army, Navy and Air Force medical teams. This was but one of many innovations in his enduring legacy of sweeping change. He had brought order out of chaos at a time of desperate need for those caught up in a dreadful war against ourselves, while setting the standard for the future. As Major General Paul Hawley, the command surgeon for the European Theater of Operations recalled, "There is not a day during World War II that I did not thank God for Jonathan Letterman. He was truly a surgeon for the soldiers."

~Review by COL (ret.) Richard Ginn, MSC, USA



Surgeon Letterman and Medical Staff of the Army of the Potomac

Courtesy of the National Library of Medicine



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